

- (1) A Medicaid-only form prescribed by the agency specifically for the designated eligibility groups;
- (2) An existing Medicaid-only application; or
- (3) A multiple-program application that contains clearly identifiable Medicaid-only sections or parts.

[59 FR 48810, Sept. 23, 1994]

§ 435.908 Assistance with application.

The agency must allow an individual or individuals of the applicant's choice to accompany, assist, and represent the applicant in the application process or a redetermination of eligibility.

§ 435.909 Automatic entitlement to Medicaid following a determination of eligibility under other programs.

The agency must not require a separate application for Medicaid from an individual, if—

- (a) The individual receives AFDC; or
- (b) The agency has an agreement with the Social Security Administration (SSA) under section 1634 of the Act for determining Medicaid eligibility; and—
 - (1) The individual receives SSI;
 - (2) The individual receives a mandatory State supplement under either a federally-administered or State-administered program; or
 - (3) The individual receives an optional State supplement and the agency provides Medicaid to recipients of optional supplements under § 435.230.

§ 435.910 Use of social security number.

- (a) The agency must require, as a condition of eligibility, that each individual (including children) requesting Medicaid services furnish each of his or her social security numbers (SSNs).
- (b) The agency must advise the applicant of—
 - (1) [Reserved]
 - (2) The statute or other authority under which the agency is requesting the applicant's SSN; and
 - (3) The uses the agency will make of each SSN, including its use for verifying income, eligibility, and amount of medical assistance payments under §§ 435.940 through 435.960.
- (c)—(d) [Reserved]

- (e) If an applicant cannot recall his SSN or SSNs or has not been issued a SSN the agency must—

- (1) Assist the applicant in completing an application for an SSN;
- (2) Obtain evidence required under SSA regulations to establish the age, the citizenship or alien status, and the true identity of the applicant; and
- (3) Either send the application to SSA or, if there is evidence that the applicant has previously been issued a SSN, request SSA to furnish the number.

- (f) The agency must not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by SSA.

- (g) The agency must verify each SSN of each applicant and recipient with SSA, as prescribed by the Commissioner, to insure that each SSN furnished was issued to that individual, and to determine whether any others were issued.

[44 FR 17937, Mar. 23, 1979, as amended at 51 FR 7211, Feb. 28, 1986]

DETERMINATION OF MEDICAID
ELIGIBILITY

§ 435.911 Timely determination of eligibility.

- (a) The agency must establish time standards for determining eligibility and inform the applicant of what they are. These standards may not exceed—
 - (1) Ninety days for applicants who apply for Medicaid on the basis of disability; and
 - (2) Forty-five days for all other applicants.
- (b) The time standards must cover the period from the date of application to the date the agency mails notice of its decision to the applicant.
- (c) The agency must determine eligibility within the standards except in unusual circumstances, for example—
 - (1) When the agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - (2) When there is an administrative or other emergency beyond the agency's control.
- (d) The agency must document the reasons for delay in the applicant's case record.